

Orthodontia: A Point of View*

An Informal Address

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Proximity is sometimes an advantage and sometimes a disadvantage. Proximity may be represented by distance, interest, routine, or necessity. At times we "can't see the forest for the trees."

Standing at a point of impersonal observation I see in your special field of practice certain values which may be briefly summarized as follows:

You contribute to the physical and mental well-being of your patient. The enlarging and improvement in function of the primary air passages, aids the excursion of air through better nasal breathing and reduced mouth breathing. In return this means a better chest development and aeration of the blood. The magnitude of this alone is a sufficient brief for your work.

In addition, the value of mental relief following the successful treatment of malformations cannot be measured by a concrete method. It insures a larger and more useful life. Here again abstract values are paramount. To restore the handicapped to normalcy is a service of highest merit. Than this no man can do more.

The subject of function is so self-evident it may be read by title in this presence.

The Submerged Tooth

The controversy over the submerged tooth is based more on personal feelings than sound clinical experience. The fact that a tooth is submerged is not in itself a reason why it should be disturbed. The reasons for interference are fairly well classified.

1. Infection, either acute or chronic.

While acute infections usually clear up promptly with appropriate treatment, re-infection is quite likely to follow and sometimes these infections are serious. As a sound measure of protection such a tooth, once the seat of an infection, had better be removed. It may be possible to treat an acute infection and save the tooth for movement into its normal position. If the pulp is injured, however, removal is demanded. In the case of all chronic

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infection, removal is indicated. The tooth most frequently involved in chronic infection is the lower third molar, and, fortunately, the loss is reduced to an irreducible minimum.

2. Pain, direct or referred, and various nervous phenomena.

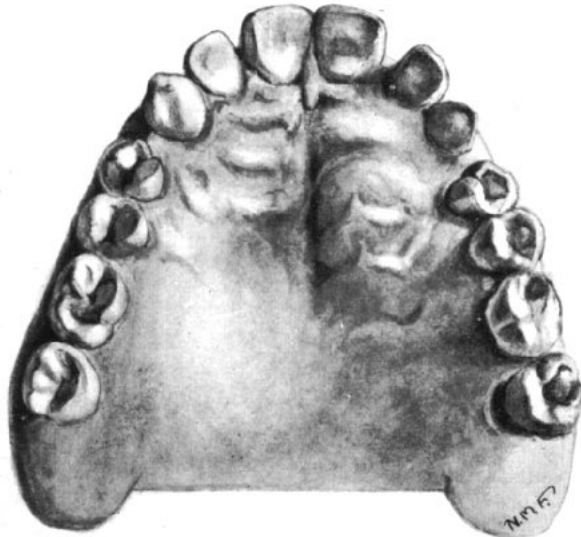


Figure 1
Bulging on the left side of the hard palate indicates the relative position of the submerged tooth.

In the latter group teeth are frequently removed as a therapeutic test, and properly so. The decision is reached by a process of exclusion.

3. Teeth, which by pressure, create malocclusion, should be removed or, better still, moved into proper position which relieves deformity and discomfort. The only one who can solve the problem, apart from leaving the submerged tooth alone or removing it, is the orthodontist. The tooth most frequently managed by orthodontia is the upper cuspid, but any tooth in the arch may be brought into normal position except the third molars. Whatever relief may follow removal, the same degree of relief will follow moving the tooth into its normal position. More than that the post-operative pain and post-operative danger is entirely overcome by orthodontic management.

In this connection a word about the problem of exposure may be interesting. The principles of plastic surgery are as pertinent in this limited operation as elsewhere. Every flap requires adequate blood and nerve supply without undue tension. In exposing, for example, the upper cuspid, the flap should include the lateral half of the mucosa and periosteum. The incision is made in the median line of the palate and the lateral dissection includes

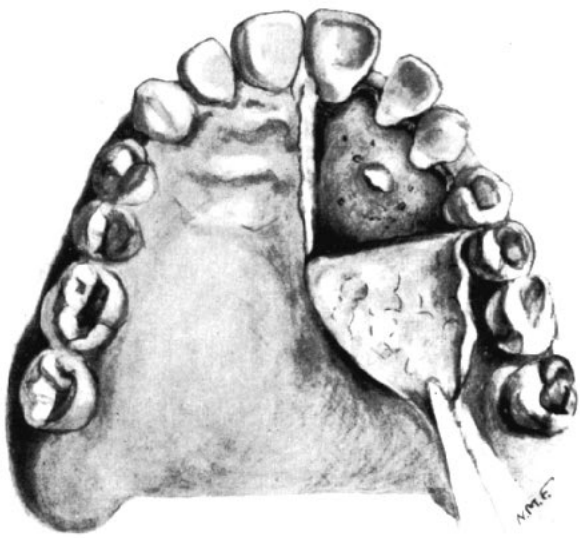


Figure 2

Illustrating a mucoperiosteal flap to expose the tooth. Inasmuch as the major blood supply comes from behind, this type of flap may be used freely without risk.

the gingivae. The flap is turned back to give ample exposure. Figures 1, 2, 3, 4 and 5. The tooth is uncovered by removing the bone to (a) give ample space for attachment and (b) free the crown completely from bone which may interfere with moving the tooth into position. Great care must be exercised not to disturb the tooth in its bed, or to injure the roots of proximal teeth. When the appliance has been adjusted, the flap is put back into its original position and held by two or three sutures. There is little or no post-operative pain. The same operation may be done without orthodontic

appliances. In select cases the tooth will frequently erupt spontaneously when properly freed. A percentage will be in line while others may require orthodontic management after eruption.

Fractures

The simplest and by far the best treatment of jaw fractures is furnished by the principles and methods of the orthodontist, both in reduction and

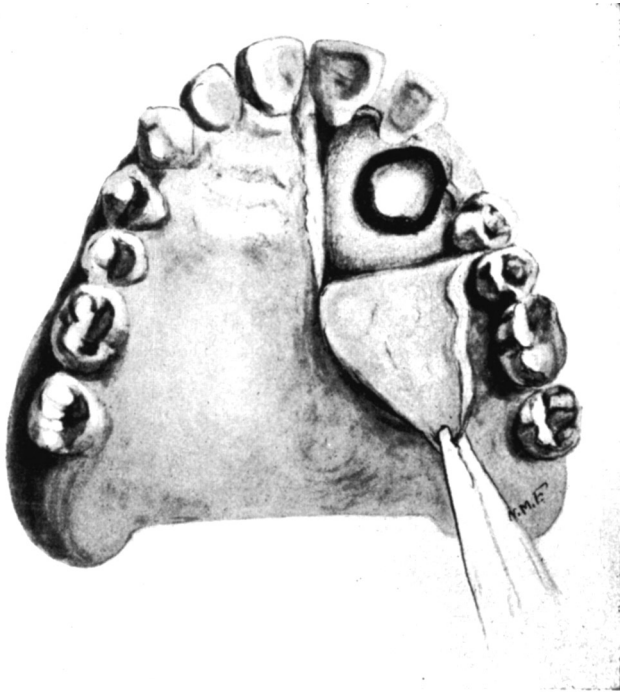


Figure 3

Illustrating the removal of sufficient bone to make attachment possible, and also to freely liberate the crown of the tooth.

immobilization. We will go farther and add that certain bad fractures can not be successfully managed by any other method. It is hardly necessary to point out to this gathering the detailed items in treating the various kinds of fractures. Your special training furnishes the most intimate acquaintance in the premises.

Cleft Palate

The treatment of clefts through the hard palate and ridge is divided into three stages.

1. Surgical closure with adequate post-operative stretching and massage of lip and soft palate.
2. Orthodontic treatment of the arch and teeth.
3. Speech training.

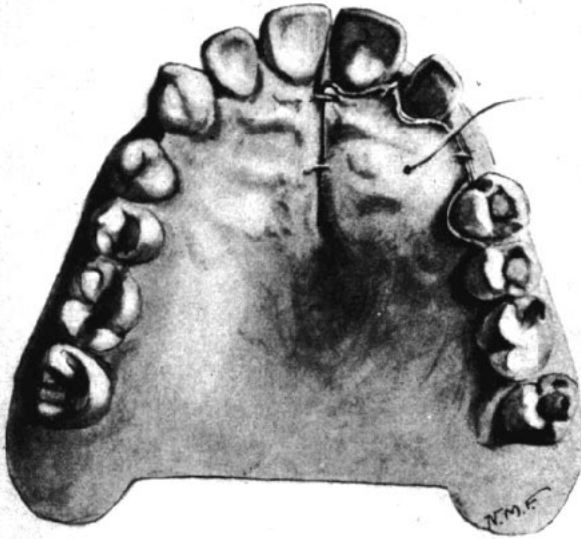


Figure 4

The flap sutured back in its bed with wire, leading from attachment to crown, perforating the soft tissue. Regardless of the direction of traction the wire will cut through the soft tissues without damage.

Here, you enter into intimate association in completing the treatment of this distressing congenital deformity. The surgical treatment is made permanently beneficial by your work plus the speech specialist. A good operation may go for failure both in function and appearance unless it is followed by intelligent orthodontia and speech training.

This brief recitation stamps orthodontia with a specific text and a rather comprehensive context. Now may I add a thought or two beyond technical skill. I have a feeling that the orthodontist may develop a high concentration on details at the expense of a general or composite point of view. Too often a tooth is substituted for the patient. While a junior medical student, registered for a laboratory course in blood diagnosis under the eminent Dr. James B. Herrick. We saw both clinically and in the laboratory most

of the blood diseases or conditions. At the conclusion of the course Dr. Herrick spoke for fifteen minutes on the use of the laboratory in relation to clinical medicine, and he concluded with these words, "But gentlemen don't forget, once in a while, to look at your patient." This remark, trite as it may sound, made a very great impression on me and I began, then, to see something more of the other side of medicine. Case study involves the details connected with the particular problem, and must measure the context as fully as the text. In your highly particularized field you deal, for the most part, with young people. For a time you stand, in a sense, in loco parentis. You have much to do with discipline, which is one of the most prominent and far reaching functions of education in the school or in the home. The patient is in your hands over a considerable period of time and your influence may easily contribute in a large way to a well behaved

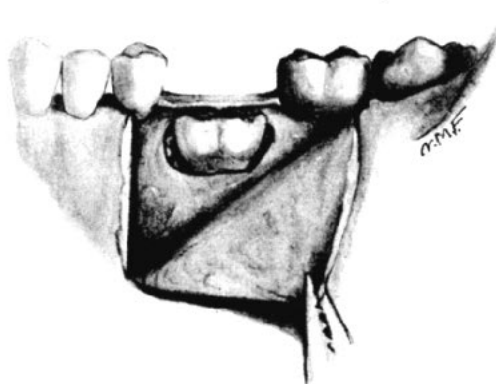


Figure 5

The type of exposure which may be used in dealing with any tooth through the labia or buccal surfaces.

adult. More than that you may be successful in impressing on the parent the nature and value of behavior. When one remembers that all misdemeanor, major or minor, is a result of bad habits, or lack of self control, your agency far exceeds that of an isolated function. A good doctor is, therefore, something more than a doctor. Your territorial rights and obligations are in essence plenipotentiary. Just how completely you may be able to meet the assignment is your challenge. Most of the desirable qualities may be developed by enthusiasm and industry, except possibly intelligence. The level of education is related to the level of intelligence. It is far better

for one to be educated below the level of his intelligence than above it. On the other hand one takes a goodly measure of intelligence to a lesser measure of training, and the result is a guarantee of measured efficiency. But when training rises above the level of intelligence co-ordination decreases and the activity of that individual is apt to be ill advised. It is here that meddlesome therapy creeps in. Knowing when to begin treatment or not, and also knowing when to stop is known only to the well balanced doctor. Much of the so-called research reflects this point. Interpretation of details may completely obscure a basic principle, and lead to a false conclusion.

Orthodontia like any other specialty will always be judged by the men who inhabit the field. Your patron saint, Dr. Edward H. Angle, was a full orbed man. His conception created a new order, not an added detail. As disciples of that new order your obligations are solemn and your opportunities are cast in high phases. When such a point of view is dominant one is likely to develop both perspective and imagination and be saved from the curse of routine which finally breeds indifference and with it regression.

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